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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 732694-055670
CERTIFICATE OF TRANSMISSION (37 CFR 1.8(b)) I hereby certify that this correspondence is being transmitted via facsimile to the U.S. PTO Mail Stop AMENDMENT at (571) 273-8300 on <u>March 20, 2007</u> Signature: <u>Tina Michelle Pittsley</u> Name: <u>Tina Michelle Pittsley</u>		In re Application of Fukunaga, et al. Application Number <u>10/509,839</u> Filed <u>September 30, 2004</u> For <u>DENTAL VISCOUS PHARMACEUTICAL CONTAINING BASIC FIBROBLAST GROWTH FACTOR</u> Group Art Unit <u>1617</u> Examiner <u>COTTON, Abigail Manda</u>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)		\$ <u>          </u>
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$ <u>450.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$ <u>          </u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)		\$ <u>          </u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)		\$ <u>          </u>
<input type="checkbox"/> Applicant claims small entity status.		
<input type="checkbox"/> A check to cover the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u> . I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record.		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>                                </u>		
<u>Ronald I. Eisenstein (Reg. No. 30628)/Leena H. Karttunen (1.0207)</u> Signature Typed or printed name		<u>3/20/2007</u> Date <u>617-345-6054/617-345-1367</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		

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